while the stomach, intestines, mesentery, gall-bladder, and possibly the kidneys and liver do not receive impressions of pain, touch, heat, and cold, the parietal peritoneum is exceedingly rich in sensory nerves. Intestinal colic, he believes, is due to sudden stretching of these nerves associated with distention of a loop of intestine. Moreover, adhesions only give rise to pain when they cause a certain amount of stretching of the peritoneum. In acute peritonitis the extreme sensitiveness of the anterior abdominal wall on pressure is due almost entirely to the inflammation of the anterior parietal peritoneum.

OPHTHALMOLOGY.

UNDER THE CHARGE OF

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AND

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Glaucoma Induced by Cocaine.—J. HINCHELWOOD (Glasgow) reports the case of a woman, aged fifty years, suffering from asthenopia, in whom cocaine was used to dilate the pupils to obtain a good view of the fundus of the eye. A few hours later the eye became painful, and next morning presented the typical clinical picture of acute glaucoma. Eserin, followed by iridectomy, restored the normal tension of the eyeball, but not her previous normal vision.—*Ophthalmic Review*, November, 1900.

S. SNELL (Sheffield) reports a similar case, in which the cocaine had been prescribed to relieve discomfort of the eye, and a 1 per cent. solution had been instilled three times during the day. Eserin and iridectomy secured a satisfactory recovery of vision.—*Ophthalmic Review*, February, 1901.

[These cases illustrate very clearly the connection of mydriatics with glaucoma. The mydriatic excites glaucoma, because it dilates the pupil in an eye having a glaucomatous structure—that is, an anterior chamber so narrowed that the crowding of the retracted iris into the angle obstructs the outflow channels and so raises the tension of the eyeball. Cocaine is frequently used in the treatment of glaucoma, but for this purpose should always be combined with a myotic strong enough to prevent it from dilating the pupil. In such a combination its tendency to contract the vessels of the iris and render the iris thinner aids in opening the outflow channel, thus reducing the tension. But it should be remembered that the anæmia produced by cocaine is quite brief, and is followed by some tendency to hyperæmia. So that even combined with a myotic it should be used in glaucoma with great caution.

The diagnostic value of a mydriatic in glaucoma which I have before urged (see this JOURNAL, April, 1898) is also illustrated in the above cases. The possibility of glaucoma had been suspected in one of them, in the other it had not. The use of the cocaine gave unmistakable evidence of such a condition; then the iridectomy permanently cured the glaucoma. If the cocaine had not been used the glaucomatous process, following its common course, would probably have permanently damaged vision to a very serious degree before it was discovered, and when discovered might have been far less amenable to treatment.—ED.]

Tobacco Amblyopia.—C. E. SHAW (Belfast, Ireland) reports a case of well-marked toxic amblyopia in a boy, aged fifteen years, who had smoked cigarettes from the time he was eight years old. He also reports a case in a man, aged forty years, who smoked but one or two ounces of tobacco a week, having decreased his indulgence by one-half a year previously.—*Ophthalmic Review*, May, 1901.

[The great mass of cases of tobacco amblyopia occur after the age of forty, similar cases occurring earlier being largely due to alcohol; but in relation to poisoning we always have to remember that individual susceptibility is the supreme factor and capable of breaking all rules.—ED.]

J. H. FISHER (London) calls attention to the well-established observation that nicotine destroys the power of ganglion cells to transmit impulses. Professor Langley found that painting a ganglion with nicotine produced the same effect as injecting the drug into a vein. Stimuli applied on the proximal side of the ganglion or to the ganglion itself produced no effect; applied to the distal side of the ganglion they still proved efficacious. Painting of a nerve trunk with nicotine does not prevent the transmission of impulses. To explain the central scotoma of tobacco amblyopia, Fisher offers the supposition that visual impulses from the macula pass through the ganglion cells of the retina, while those coming from peripheral parts of the retina pass along more direct nerve paths without having to go through ganglion cells. He refers to the crowding of ganglion cells in the region of the macula and their comparative scarcity in the more peripheral parts.—*Ophthalmic Review*, June, 1901.

Ophthalmoscopical Changes in Pneumonia.—A. PETERS (Bonn) reports the case of a man, aged twenty years, who, during a rather light attack of pneumonia, noticed impairment of vision of the left eye. One month later he applied on this account, presenting a subsiding iritis. A mydriatic dilated the pupil except for two slender adhesions. The ophthalmoscope revealed evidence of a recent chorio-retinitis, involving the region around the optic disk, in which were seven large rounded, ill-defined, light-gray, prominent spots. Similar lesions were observed in a case reported by Fraenkel. Peters also reports one in which the spots were more sharply defined; but the fact that the pneumonia was complicated by tuberculosis rendered the nature of the lesions doubtful. The explanation offered regarding such lesions is that they arise from a pneumococcus embolism.—*Klinische Monatsbl. für Augenheilkunde*, May, 1901.

Malarial Diseases of the Cornea and Iris.—A. LE PRINCE (Bourges), although admitting these are much more rare than malarial diseases involv-